

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041813

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10676

STATE FILE NUMBER

FILED OCT 31 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

St. Louis

Length of stay in lb

12 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONSt. Louis - Little Rock
Hospitals, Inc.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois b. COUNTY

St. Clair

c. CITY
OR
TOWN

East St. Louis

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

2900 Bond Str.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Charles

Frederick

Middleton

4. DATE
OF
DEATH

Month

Day

Year

October

25,

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

8-3-1906

9. AGE (last birthday)

57

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ass't. Chief Yard Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Alton and Southern Railroad

11. BIRTHPLACE (City and state or country)

Okawville, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Green Middleton

13b. MOTHER'S MAIDEN NAME

Emma Seiffertt

14. NAME OF HUSBAND OR WIFE

Catherine McQuigen

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

81

17. INFORMANT

2900 Bond Ave.
East St. Louis, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Acute Coronary Failure
Septic Thrombosis
Adrenal Cortical Hypertrophy

INTERVAL BETWEEN ONSET AND DEATH

Several
yrs.
central
yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

274X

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.
p.m.20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

October 14, 1963

to October 25, 1963

and last saw him alive on

Oct. 25, 1963

Death occurred at

4:35 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1755 South Grand Blvd.

22c. DATE SIGNED

OCT 28 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Oct. 28, 1963

23c. NAME OF CEMETERY OR CREMATORY

Odd Fellows Cemetery

23d. LOCATION (City, town, or county)

Okawville, Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

Brichler Funeral Home - East St. Louis.

25. DATE RECD. BY LOCAL REG.

OCT 28 1963

26. REGISTRAR'S SIGNATURE

Road Smith. M.D.

2218 State St.

Illinois

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1

2 8120

3

4 0

5 3

6

7 1

8 1

9

10

11

12 69-0

13

69

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by John Embalmers, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene Choplain
Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.